

School

Cambridgeshire County Council.

EDUCATION COMMITTEE.

- FIFTEENTH -

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

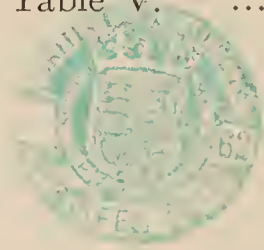
FOR THE YEAR ENDING 31ST DECEMBER, 1923.

Cambridge.

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Introduction.

At the end of 1923 there were 133 Public Elementary Schools under the control of the County Education Committee (45 Provided and 88 Non-Provided), comprising 135 separate departments. The number of children on the school registers at the end of the year was 10,033, the average number in attendance being 9,237.

Staff.

Services in connection with school medical work are rendered by the following :—

*FRANK ROBINSON, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

*JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*

*W. PATON PHILIP, M.C., M.B., Ch.B., *Tuberculosis Officer.*

*J. C. G. EVERED, L.D.S. (Edin.), *School Dentist.*

W. H. HARVEY, M.D., *Bacteriologist.*

J. C. W. GRAHAM, M.D., *Ophthalmic Surgeon.*

MISS E. BILLS, *Superintendent of County Nursing Association.*

*G. G. GALPIN, *Chief Clerk and Enquiry Officer under the Mental Deficiency Act.*

*Whole-time Officers of the County Council.

Co-ordination.

The area for which the County Council is the Local Education Authority for elementary education coincides with that for which the Council is the Local Authority for maternity and child welfare, and comprises the whole of the County, with the exception of Cambridge. It is entirely rural in character.

Co-ordination and continuity of policy are readily secured, as certain members of Committees, the Medical Staff, and the Nurses are all concerned with both branches of work. Particulars of the past medical history of individual children are rendered available for entry on the record cards of the children on their entrance to school life.

There are no nursery-schools in the area.

Statistical Tables.

The Tables hitherto prescribed for use with the Annual Report have been adhered to, as they had been completed before the Board's revised Tables for future use were received. The new Tables will be used with next year's report.

Medical Inspection.

Routine medical inspection and re-examination have again been carried out throughout the year by the Assistant School Medical Officer, Dr. Gellatly, who has also undertaken the examination of mentally defective children, and of children for defects of eyesight and prescription of glasses. As the work is undertaken on school premises, where in some cases accommodation is somewhat limited, the arrangements are not always convenient for medical purposes, though there should be no difficulty in the larger schools. It is, however, important for the efficiency of the work that the accommodation provided should secure quiet, privacy, and a reasonable degree of convenience for all concerned. It is, for example, obviously impracticable for educational and medical work to be carried on efficiently in the same room, or for a stethoscope to be used while singing or repetition work are going on in adjoining rooms.

Dr. Gellatly furnishes the following statement regarding the work undertaken under the scheme of routine medical inspection and re-examination, and the findings of medical inspection :—

“ The schedule in use for routine medical inspection does not differ in any material respect from that drawn up by the Board of Education. The age groups submitted for such inspection are those prescribed by the Board, each child being presented three times during school life, viz. :—during the year of entry to school, at 8 years old, and at 12 years.

“ At least two visits are paid to each school in the year. At one of these the routine inspection of the above age groups is undertaken ; the other is of the nature of a return visit, the main object being to re-examine children referred for treatment or observation. At each visit special cases may be presented by teachers or parents for suspected defects. It is an encouraging feature that the number of parents who voluntarily seek advice continues to increase steadily. The presence of parents at the inspections is from every point of view to be encouraged, but it must be remembered that it very much lengthens the time required for inspection, and unfortunately the numbers to be dealt with in a scattered area, such as this County, render it difficult to increase the work in this way as much as is desirable.

“ Statistical details of the number of children examined will be found in Table I appended to this report, the totals in each principal group being as follows :—

	1922.	1923.
Routine	3201	3311
Specials	290	372
Re-examinations	5100	5481
Total number of individual children inspected as Routine or Special cases	3491	3683

“ These figures show a small increase in routine inspections, mainly accounted for by the entrant group ; the figure under this heading would have been considerably larger had it not been that during the year a number of schools for the first time restricted their admissions to children who had attained the age of five.



“ The very large number of reinspections, amounting to over 50 per cent. of children on the roll, should not be taken as indicating a large amount of serious defect. It is my custom to keep the very slightest defects under observation until the child is again perfectly normal. The extended observation of slight defects of nutrition, slightly enlarged glands, mouth breathing, temperamental peculiarities, etc., continues to afford most valuable experience of disease in its very earliest and most remediable stages. In addition, all children in whose family tuberculosis has occurred, all children who wear spectacles, and all children who are markedly backward in their school work are inspected at each visit. It should, however, be noted that a very large proportion of these re-examinations are undertaken on account of defects of nutrition, as a rule not severe, but nevertheless indicating that the average standard of living among the working classes in this county is not satisfactory.

“ **Findings of Medical Inspections.**—The defects disclosed are set out in Table II appended to this report in the form hitherto desired by the Board. Special mention may be made here of the following items :—

“ *Uncleanliness.*—The number of children noted in the routine and special groups as having verminous or nitty heads was 263 (routine 249, specials 14). Of these, 72 were referred for treatment, the other 191 being slight cases of nittiness noted for further observation, but not justifying special reference to the parents.

“ Calculated on routine figures only, the percentages, as compared with the last two years, are :—

		1921.	1922.	1923.
Total found unclean	...	7·7	7·5	7·5
Requiring treatment	...	3·2	3·5	2·1

“ The slight decrease of children requiring treatment is satisfactory, and is possible to be accounted for by the spread of the “ bobbed hair ” fashion. It will be of interest to note that in a number of other counties, chosen to show as varied conditions as possible, this percentage varies from 1·7 per cent. to 4·4 per cent. The former figure was the only case in which the percentage was lower than in Cambridgeshire. The Cambridgeshire figure has remained practically stationary for the last four years, the cases which make it up come year after year from the same families, and in many cases the defect is directly due to feeble-mindedness or other mental defect in the mother.

“ *Uncleanly Bodies.*—These numbered 106 (routine 101, specials 5). Aggravated cases of this type of uncleanliness are rare, and as with dirty heads, come from a few incorrigible families. At the same time the general standard of personal cleanliness among the children is not a particularly high one, partly no doubt owing to lack of facilities at home; unfortunately also in many schools there is still no provision for washing. This matter is referred to later under the heading “ Hygienic Conditions of Premises.”

“ *Malnutrition.*—The total number of children noted under this heading was 457, of which 121 were referred for treatment, mainly in the form of malt and cod liver oil, provided at school by the Education

Committee. The increase of 39 over the figure referred for treatment last year is to some extent accounted for by the fact that the Education Committee increased the grant, and thus made it possible to include some children on the treatment list, who would otherwise have been referred for observation only. The total percentage of defects of nutrition calculated on routine figures is 12·5, as compared with 10·6 in 1922 and 9·3 in 1921. The improvement in the average physical condition in children of the agricultural community, which took place under the more satisfactory financial position of this class brought about by the War is undoubtedly being steadily lost again.

“ *Tonsils and Adenoids*.—Eighty-six children in all were found to be suffering from enlarged tonsils and adenoids. Calculated on routine figures only the percentage was 2·6 as compared with 1·4 in 1922. Of these 14, or 0·4 per cent., were considered to require immediate treatment. As before, cases in which mouth breathing was the most marked feature, and the associated enlarged tonsils and adenoids were only of moderate degree, are included under ‘other conditions of nose and throat,’ and brought to the notice of the parents in the first place for breathing exercises. Of these ‘other conditions’ there were 305, of which the very large majority were cases of mouth breathing, many of them very slight. The total percentage in the routine groups was 8·7, of whom 3·3 per cent. were referred for treatment.

“ *Tuberculosis*.—Including both routine and special examinations, 64 cases are included under the above heading, of whom 38 were suspected and 26 definite. These cases were distributed as follows :—

				<i>Definite.</i>	<i>Suspected.</i>	<i>Total.</i>
Lungs	...	...	...	5	23	28
Spine	...	...	...	4	—	4
Hip	...	...	...	—	—	—
Skin	...	...	...	1	—	1
Other forms	...	...	...	5	—	5

“ As was stated last year the figures in this Table cannot be regarded as reliable for comparative purposes. Children suffering from definite tuberculosis are usually excluded from school for prolonged periods, and therefore do not appear in this return. Table III contains an accurate return of all tubercular children in the area, all children who have shown definite signs, however, slight, during the year being included. Children formerly under treatment or observation, but in whom the disease has been so far arrested that no signs or symptoms have been manifest during the year, are not included. The total cases of tuberculosis among children of education age in this County as shown in the latter Table are 48 pulmonary (including ‘bronchial gland tuberculosis’), and 18 other regions of the body.

“ *External Eye Disease*.—Mild cases of catarrhal conjunctivitis continue to be numerous, but no epidemic has occurred during the year. In one school, however, there was a transient but very acute outbreak of conjunctivitis, apparently caused by an outing to the seaside on a very sunny and very windy day—almost every child who shared in the expedition was affected, but the symptoms passed off completely in a few days.

“ *Defective Vision.*—The figures, as compared with 1922, are as follows :—

				1922.	1923.
<i>Referred for Treatment :</i>					
Routine ...	...	...	...	68	60
Specially presented	...	...	...	24	24
<i>For Observation :</i>					
Routine ...	...	...	...	143	163
Specially presented	...	...	...	5	19

“ The percentage referred for treatment, calculated on routine figures alone, is 1·8 per cent. ; in the previous year it was 2·1 per cent.

“ The number under observation includes practically all children in attendance who have been in previous years provided with glasses under the Committee’s scheme.

“ *Dental Defect.*—This subject is dealt with (a) in the School Dentist’s report, (b) in the paragraphs on dental treatment under Remedial Measures, and (c) in the Tables appended to this report. The figures under ‘ dental diseases ’ in Table II are mainly cases of severe oral sepsis, etc., the result of neglect and refusal of the School Dentist’s services.

“ *Skin Diseases.*—As compared with 1922 the incidence of the three principal contagious diseases was as follows :—

	1922.			1923.		
	Discovered at Routine Inspections.	Notified by Head Teachers or School Nurses.	Total.	Discovered at Routine Inspections.	Notified by Head Teachers or School Nurses.	Total.
Ringworm of Scalp	5	30	35	7	10	17
Ringworm of Body	4	37	41	2	32	34
Scabies ...	5	16	21	5	3	8
Impetigo...	22	151	173	24	162	186

“ *Ringworm.*—This figure varies little from year to year, and the disease does not present a serious problem. The facilities for X-Ray treatment provided by the Committee have undoubtedly contributed materially to the great reduction of cases of ringworm of the scalp in recent years.

“ *Scabies.*—The steady decrease of this disease since the end of the War is continued, only 13 cases being discovered this year as compared with 21 in 1922, and 46 in 1920.

“ *Impetigo.*—This disease accounts for a considerable amount of loss of attendance ; by the less careful mothers it is not regarded as of sufficient importance to bother about, and in consequence all the members of the family become affected. Prompt notification by the Head Teachers has afforded, as in previous years, the greatest possible help towards satisfactorily coping with these diseases.”

Remedial Measures.

Following-up.—The parents having been notified of the defects which require medical treatment, the children are kept under supervision by the School Nurses in their homes. They are subsequently re-examined by the Assistant School Medical Officer on a second visit to the school during the year, with a view to ascertaining the results of medical treatment and the condition of children previously noted to have defects not urgently calling for treatment. A note on medical re-examination is found in an earlier section (page 5).

School Nursing is carried out by District Nurses in those parishes where District Nursing Associations are at work, and by the Staff of the County Nursing Association in the un-nursed parishes. The work is superintended by Miss Bills, the Superintendent of the County Nursing Association, under direction from the Public Health Department. The visits paid by the Nurses to schools and homes during the year are as follows :—

1.	<i>Visits to Schools :</i>	1922.	1923.
	(a) Routine medical inspection ...	143	136
	(b) Special verminous inspections ...	6	1
	(c) Other purposes	1170	1290
		<hr/>	<hr/>
		1319	1427
		<hr/>	<hr/>
2.	<i>Visits to Homes :</i>		
	(a) Following-up to secure treatment	8537	10452
	(b) Special enquiries into refusals of dental treatment	1339	1570
	(c) Special enquiries into infectious and contagious diseases ...	2433	1413
	(d) Other purposes	391	454
		<hr/>	<hr/>
	Total	12700	13889
		<hr/>	<hr/>

The expansion of the work of home visitation to secure treatment will be noted, constituting about 75 per cent. of the home visits undertaken. There was some increase also in the visits in connection with dental treatment.

Medical Treatment.—The Education Committee's scheme of treatment comprises the following :—

1. Contribution to Addenbrooke's Hospital for treatment of diseases of the nose and throat, X-rays treatment of ringworm, and for other general medical and surgical work.
2. Clinics for defective vision ; provision of spectacles.
3. Travelling dental clinic.
4. Assistance in travelling expenses for treatment.
5. Provision of Malt and Cod Liver Oil in the schools for cases of malnutrition.

The last item was added for the first time during 1922 on a limited scale ; it has been somewhat extended during the past year.

Tonsils, Adenoids, and Mouth-Breathing.—Forty-five children were referred for operation and 29 received such treatment, all but 3 under the Education Committee's scheme at Addenbrooke's Hospital. In addition, 76 children with defects of the nose and throat received other forms of treatment, mainly in the form of breathing exercises. The remarks made last year on this subject may here be repeated. "Thanks to the very cordial co-operation of the teachers a considerable measure of success has been obtained by the use of these exercises, and there is no doubt that very many operations can be avoided if parents and teachers, particularly in infant schools, will combine to help in this way. It is suggested that five minutes spent on these exercises morning and afternoon, preceded by handkerchief drill, in every infant school at least, would be of the greatest advantage to a very large number of children. Far more cases of mouth-breathing in elementary school children are due to faulty hygiene of the nose and throat from birth than to adenoids *per se*. The latter themselves are probably most frequently a sequel of this same neglect.

"Printed instruction to parents, simply expressed, are issued in all cases of mouth-breathing, the details of which were given in the report of 1921. The attention of teachers may be drawn here to the inadvisability of making breathing exercises more elaborate than is indicated in these instructions. If arm and trunk movements are combined with them, the attention of the children is distracted from the essential part of the exercises, and it is much more difficult for the teacher to pick out the children who require special attention."

Defective Vision.—Children who require assistance for treatment of defective vision and squint are submitted to refraction, either by Dr. Gellatly, the Assistant School Medical Officer, or by Dr. Graham at Cambridge. Dr. Graham deals with the children who live in villages with reasonable travelling facilities to Cambridge, while Dr. Gellatly deals with those in the more remote districts. For the latter group the arrangements are of the nature of a simple travelling clinic, an electric ophthalmoscope being used, and the examinations being carried out as a rule in the school cloakrooms. Bishop-Harman's alkaloidal oil preparation of homatropine and cocaine has now been used for three and a half years to paralyse accommodation, and, in addition to being economical, gives satisfactory results, besides being much more pleasant to instil in children.

The majority of the 129 cases submitted to refraction were seen during 1923 by Dr. Graham, as Dr. Gellatly was prevented from doing this work during the greater part of the year. She has now, however, resumed her full share of the work. Ten cases were treated by private practitioners or at hospital. Only one case for whom glasses were prescribed had not obtained them by the end of the year. The treatment of visual defect therefore continues to be highly satisfactory. It must, however, be remembered that only cases in which definite disability exists are as a rule referred for treatment, experience having proved that selection of cases on any other lines means a waste of the ratepayers' money and of the specialist's time. Attempted treatment of squint gives disappointing results in almost every case.

Skin Diseases.—Of the 17 cases of ringworm of the scalp notified during the year, 12 received X-ray treatment at Addenbrooke's Hospital under the Education Committee's scheme, while 5 were treated by private practitioners. All the 34 notified cases of ringworm in other situations had received satisfactory treatment by the end of the year, mainly from private practitioners. The 8 notified cases of scabies had received similar satisfactory treatment by the end of the year.

Impetigo as before remains the most unsatisfactory skin disease as regards treatment and loss of school attendance. Although all the cases notified received treatment of some kind, it was seldom either prompt or thorough, and an affected child is frequently absent from school for a month or even longer. By distribution of leaflets of instruction, and visitation at as frequent intervals as possible by the School Nurses, every endeavour is made to induce the parents to obtain and carry out proper treatment for the children, but it remains a very difficult task to persuade certain among them that this disease merits much attention. It is in minor cases of this nature that school medical work in rural districts suffers most from the practical impossibility of establishing school clinics or treatment centres.

Uncleanliness.—Cleansing notices are served on the parents of uncleanly or verminous children, and the School Nurses follow up these cases in their homes systematically. The worst cases are excluded from school, and, in the event of failure to cleanse within a reasonable period, are handed over to the School Attendance Officers, with a view to legal proceedings under the School Attendance Bye-laws. During the year, 34 children belonging to 28 families were excluded, as compared with 21 belonging to 20 families excluded in the previous year. No action was necessary under the Children Act, and all were cleansed and returned to school except one child with regard to whom legal proceedings were instituted under School Attendance Bye-laws in 1924.

The figures given with regard to this subject under the section "Findings of Medical Inspection," show that our results are satisfactory, the number of cases of uncleanliness found at routine and special inspections having remained at a consistently low figure for several years past. These figures are also shown to compare very favourably with those given for other counties. It is the invariable practice of the School Medical Staff at routine or special visits to inspect all members of any family in which one is found to be unsatisfactory as regards cleanliness, and to keep such families under observation at subsequent visits until there is no doubt of their reformation.

Tuberculosis.—Children detected to be suffering from Tuberculosis are notified by the School Medical Staff, visited in their homes by the Nurses, and kept under observation by the Assistant School Medical Officer. Children regarded as in need of sanatorium treatment are referred to the Tuberculosis Officer.

The institutional treatment of tubercular children is provided by the Public Health Committee as part of their sanatorium scheme. The waiting list is always a long one, and admission is often very much delayed.

As the sanatoria to which tubercular children are sent are recognised by the Board of Education as special schools, children sent for treatment

are included in Table III, relating to exceptional children, as "attending Certified Schools for Physically Defective Children." In addition to 19 children remaining in sanatoria on January 1st, 1923 (lungs 17, spine 1, knee 1), there were 27 admissions, making a total of 46 children who received treatment during the year. Of these 31 were discharged, leaving 15 children in sanatoria on January 1st, 1924.

Details are as follows:—

<i>Admitted during 1923.</i>				<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands	...			18	7	25
Cervical Glands	...	...		1	—	1
Abdomen	...	...	...	1	—	1
				20	7	27
<i>Remaining on January 1st, 1924.</i>				<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands	...			10	3	13
Spine	...	...	...	1	—	1
Abdomen	...	...	...	1	—	1
				12	3	15

The importance of preventive measures in tuberculosis, especially on open-air school lines, is emphasised later under the section on Malnutrition.

Dental Treatment.—There was no change in the dental clinic scheme, under which the whole-time School Dentist visits all schools twice during the year, once for inspection and once for treatment. All children aged from 6 to 14 years are treated, together with those aged 5 in the smaller schools.

From Mr. Evered's report it will be seen that 35·8 per cent., or approximately one-third, of the children were found to require treatment. Rather more than two-thirds of these children (67·8 per cent.) actually received treatment, a somewhat higher proportion than in 1922, there being an improvement of 2·5 per cent. with a corresponding reduction in the refusals to 32·2 per cent. Many of the teachers are known to be active in their efforts to assist in securing the acceptance of treatment, and the School Nurses pay a large number of visits (1,570 in 1923) to the homes to interview reluctant parents. Considerable effort therefore is made to break down the popular prejudice against this form of treatment, but progress is naturally slow.

As a matter of fact, the actual number of children treated exceeded the 1922 total by 358, but this was partly owing to administrative arrangements. There was a slight decrease (36) in the number of fillings done, and an increase of 600 in the extractions.

A weak point in a travelling dental scheme in a rural area is that cases which urgently need attention may arise in the long interval between the Dentist's visits, and thus remain without treatment for a considerable period, to the detriment of the health of the child. The Dentist cannot constantly go over the same ground to pick up individual cases here and there, though this is done to a limited extent in connection with cases noted at medical inspections. Experience shows that such treatment

is seldom provided by parents on their own initiative, or indeed on their attention being drawn to the need for it, unless it is provided for them free of cost.

Malnutrition.—Dr. Gellatly furnishes the following note:—“As already noted, while severe cases of malnutrition are uncommon, cases of moderate degree form rather a large percentage of the total defects noted, 12·5 calculated on routine figures only. As far as my experience goes, unsuitable rather than insufficient food is the chief cause of this feature. The staple diet of very many families is tea and bread with lard or margarine; potatoes and turnips in these same families are the chief vegetables used, fat of the proper sort is particularly deficient.

“It must be remembered that in addition to the low purchasing power of the wage, many farm labourers’ wives are handicapped by the inconvenience of their cookery arrangements, many cottages being without ovens, or, indeed, anything but an open fire often in very bad repair. In certain districts the almost universal employment of the married women at the soft fruit picking season is a serious drawback to the welfare of the children, minimised to some extent in the more important fruit-growing centres by the elementary schools being closed for the summer holidays at this time, thus releasing the older girls to look after the home and the younger children. Unsatisfactory sleeping arrangements and general lack of fresh air indoors are also considerably to blame. In a considerable proportion of labourer’s cottages there are at most only two bedrooms, in one of which the father, mother and baby sleep, in the other the rest of the family, however numerous. Except in very hot weather windows are never open, either in bedroom or living room. Even in hot weather ventilation is obtained by keeping the door open.

“The provision of malt and cod liver oil in the schools continues to be of the greatest value; full notes on this scheme were given last year. The Committee, on consideration of last year’s report, increased the grant for this purpose from £50 to £70. Through this increase, and by cutting down expenses of carriage in every possible way (this largely owing to voluntary help), it has been found possible to include practically all children in need of this help from a preventive point of view, and also to extend it to tubercular children in attendance at school. A number of children whose parents were considered in better circumstances received the malt and oil on payment of 6d. a week, the contributions being collected by the teachers, who undertake the storing and administering of supplies. Without the ungrudging and most efficient help given by the teachers generally in working this scheme, and the interest they have taken in it, the scheme could not possibly have had the success it undoubtedly has attained.”

As in previous years, valuable results were obtained by sending ill-nourished children to open-air schools. This matter is dealt with at length in a later paragraph. (Open-Air Education).

General Neglect.—The sympathetic and active co-operation of the Secretary and Inspector of the National Society for the Prevention of Cruelty to Children can always be relied upon, and valuable assistance was again given in 1923. During the year, 35 children in 24 families were referred to the Society, 6 for unsatisfactory home conditions, 14 for

evidence of general neglect as indicated by inadequacy or bad condition of clothing, insufficient feeding, gross lack of cleanliness, etc. Latterly also the Society have assisted by bringing their influence to bear where admission of children to special institutions appears to be unreasonably opposed, to the prejudice of the child's health, and in 4 such cases their co-operation has been solicited during the year. In addition 11 children were referred whose parents persistently failed to provide medical treatment where urgently required.

Crippling Defects.—The position with regard to children suffering from crippling defects is decidedly unsatisfactory in this county as in most others, and children are met with in school suffering from pronounced deformities which not only interfere with their normal development in childhood, but will prove a serious handicap to them eventually as wage-earners, and will result in a charge on the rates.

During the year six selected cases were brought specially to the notice of the Committee, who assisted by aiding children to travel to special hospitals, by helping to supply appliances, or by referring to other appropriate agencies. Such action is, however, occasional and palliative only, and does not go to the root of the matter. Cases assisted may not be permanently benefited for lack of expert supervision, and considerable difficulty is experienced in the provision of suitable apparatus and its maintenance in good repair. Through the tuberculosis scheme of treatment administered by the Public Health Committee, some cases of surgical tuberculosis are treated in special institutions such as Lord Mayor Treloar's Hospital, Alton, but this by no means covers the ground, and, here again, the after-care problem is a difficulty.

The problem of dealing with crippling defects is by no means the sole concern of the Education Committee. The deformities met with may be roughly grouped as those caused (a) by tuberculosis of bones and joints, or by (b) infantile paralysis, and (c) congenital and acquired deformities, including those resulting from rickets. A considerable proportion of these arise during the first few years of life, and therefore come within the scope of the Maternity and Child Welfare Committee. At this age defects detected in the early stages are often eminently curable, whereas by the time the child reaches school remedy may be, and often is, a matter of difficulty. Deformities resulting from tuberculosis of the bones and joints come within the Public Health Committee's scheme of treatment, which should be adequate to deal with all necessitous cases. At higher ages than school life, some are dealt with by the War Pensions Committee, and voluntary agencies might be induced to deal with others, *e.g.*, the Red Cross Society, or some body created for this specific purpose.

In a few counties organised orthopaedic schemes have been in existence for some years with excellent results. Prominent among these are Shropshire with its Orthopaedic Hospital, Oxfordshire working in connection with the Wingfield Orthopaedic Hospital, the Cumberland Orthopaedic Hospital at Windermere, and the West Suffolk scheme. These vary in their general arrangements, but essential features common to all are the following :—

1. Detection in early remediable stages, children being directed to the orthopaedic clinics by medical practitioners, Health Visitors and others.

2. The services of an expert orthopaedic surgeon to advise, carry out and supervise treatment, which is not necessarily operative, but may consist of suitable exercises or manipulations, and the application of suitable appliances.

3. Special hospital provision for operative or other in-patient treatment of those cases which require it. Certain institutions are already approved by the Board of Education for this purpose, and are certified for educational purposes, Local Authority's patients being admitted at a fixed maintenance charge.

4. Constant and well organised care and after-care are absolute essentials for success in all cases. This has been provided through special clinics, mainly organised and carried on by voluntary effort, aided in some cases by payments by Local Authorities.

5. Assistance in the provision and maintenance in good repair of suitable appliances.

What is aimed at in the existing developed schemes is early detection, the provision of expert advice, and careful and prolonged expert supervision. The development of such a scheme would involve combined effort by the Maternity and Child Welfare Committee, Education Committee, and Public Health Committee (as regards tubercular cases), probably the War Pensions Committee and voluntary agencies, while for economical working combination with adjoining Authorities would probably be necessary.

Other Defects Treated.—In addition to tonsils and adenoids (21) and ringworm of the scalp (12), letters of recommendation were given for treatment at Addenbrooke's Hospital of the following defects:—Ear disease and deafness 8, cataract 1, other external eye diseases 5, hernia 2, deformity of foot 1, circumcision 1, incontinence of urine 1, other conditions 6.

Co-operation of Teachers and Attendance Officers.—Close co-operation is invited between the Teachers and the Medical Staff in all that concerns the physical welfare of the children, and is readily and cordially afforded by the Teachers as a body. They exercise very important functions in connection with the preparations for medical and dental inspection, and afterwards frequently bring their influence to bear to ensure that necessary treatment is provided. Their vigilance also in the detection and notification of infectious and contagious disease, and in the measures for its control is of the greatest value.

In the smaller villages, especially, it is not always an easy matter to draw attention to what may be described as antisocial defects, as the parents of the children in question may not view such action in the same light. The modern teacher, however, with an increasingly wider vision, recognises that the remedy of physical defects renders the child more readily receptive of instruction, and therefore very willingly co-operates with the medical staff in all branches of their work in the schools. Warm acknowledgment is also due to the Teachers for their very ready advice and assistance in other departments of the public health service.

Through the Education Secretary there is also a constant interchange of information with the Attendance Officers, with reference especially to children absent on alleged medical grounds, with regard to whom medical opinion is desired, and there is a considerable volume of correspondence carried on to indicate the position with regard to children who have been excluded by the Medical Staff.

Open-Air Education.—Special attention is being concentrated on ill-nourished children, who, in consequence of their defective physical condition, are unable to benefit fully by the instruction given in elementary schools, and who, because of their feeble resistance to infection, may in many cases develop tuberculosis sooner or later, thus becoming a serious charge on the public purse.

The Committee's policy has included the administration of malt and cod liver oil to such children while attending school, thus adding to the dietary not only fats but vitamins, so essential to the growth of children. At a small cost the nutrition of a considerable number of children has been greatly improved in this way, as shown in the previous paragraphs on malnutrition. Children with a more marked degree of defect have been reported to the Committee as physically defective, for approval for admission to one of the Invalid Children's Aid Association's residential open-air schools situated in the country or near the sea coast. This is obviously a more expensive method, but the results have in practically all cases been very encouraging, and experience suggests strongly that expansion on these lines would fully repay the expenditure incurred.

During the year the Committee approved 17 cases, of whom 10 were actually admitted to open-air schools before December 31st, 1923, and 1 in 1924, parental consent being withheld for the remainder. The average length of stay is 22 weeks. The scheme is being extended gradually, 4, 8 and 12 children having been admitted during the years 1921, 1922, and 1923 respectively. It will be understood that these are in addition to tubercular children of school age maintained by the Public Health Committee in sanatoria, where they also receive open-air instruction.

Dr. Gellatly furnishes the following note :—“ Seventeen children received treatment in open-air schools during the year ; of these, 7 were still under treatment at the end of the year. Although the number treated is a limited one, the benefit received in every case was most marked, and there is no doubt that the results obtained indicate very definitely the lines on which most can be done to prevent ill-health in children and adolescents. In Table III only 41 children are entered under the heading ‘ Other Physical Defectives,’ and of these 7 were in open-air schools on December 31st, 1923. To the remaining 34 at least 121 of the children entered under the heading “ malnutrition ” should be added in order to obtain some indication of the numbers for whom such treatment is strongly advisable. In this county residential schools at a considerable distance are the only available method of satisfactorily treating these children ; the expense is therefore considerable, and difficulty of obtaining the parents' consent much increased. It is very much to be hoped that sometime in the future when financial conditions are less difficult, it may be possible for some local effort to be made in this direction.

“Meanwhile much might be done in our own Elementary Schools towards encouraging open-air teaching in suitable weather, improving the hygienic condition of school buildings, extension of really efficient well organised physical training, and provision of school dinners on the lines of the excellent scheme in force at Bassingbourn Cl. School, which is described later in this report.”

Physical Training.—The Board’s syllabus of physical exercises is followed in the schools, and special attention is paid to mouth-breathing exercises. Unfortunately the importance of this branch of education is not universally recognised, and while it is taught with enthusiasm and success in many schools, in others, mainly owing to lack of training in the Teachers, no great profit can be derived from the instruction given.

While physical training is now a compulsory subject in the Training Colleges, both for men and women, there are many teachers who have not had this advantage. No training classes were held in this subject in this County last year, with the exception of classes for instruction in folk dancing, which were held in Cambridge, and attended by some of the Teachers.

Up to 1922, Organisers of Physical Training to the number of 132, were employed by 77 Local Education Authorities in England and Wales, their business being not actually to teach the children, but to supervise the teaching and advise and otherwise assist the Teachers. In Circular 1269, the Board have specially recognised the value of physical training in the prevention of debility and disease among school children, and have pointed out that it is relatively inexpensive to maintain. Local Authorities were again, in December, 1922, encouraged by the Board to develop physical education, the appointment of Organisers being particularly advocated. Should such an appointment be made in this County the health and general well-being of the children would undoubtedly benefit.

Blind, Deaf, Defective and Epileptic Children.

Children presenting these defects are reported by the Medical Staff to the Committee as they come to their knowledge in the schools or from other sources. A numerical return of all exceptional children in the area up to the end of 1923 is furnished in Table III appended to this report.

Apart from defective children reported for purposes other than with reference to institutional care, reports were presented to the School Attendance Sub-Committee during the year regarding 17 physically defective children suitable for open-air schools and 9 mentally defective children. The year’s record of children in institutions is as follows :—

		<i>Mentally</i>				<i>Physically</i>
		<i>Defective.</i>	<i>Epileptic.</i>	<i>Deaf.</i>	<i>Blind.</i>	<i>Defective.</i>
Remaining, Dec. 31st,						
1922	... ..	17	—	8	1	5
Admitted in 1923	...	3	—	—	—	12
Discharged in 1923	...	4	—	3	—	10
Remaining, Dec. 31st,						
1923	... ..	16	—	5	1	7

The County Council is one of the constituent authorities of the East Anglian Institution for Blind and Deaf Children at Gorleston-on-Sea, where four places are reserved for children from their area. Children are also sent to other similar institutions as occasion arises, *e.g.*, to the Royal School for the Deaf and Dumb, Margate, where two children are placed at present.

Of the 9 mentally defective children reported upon during the year 5 were suitable for instruction in a special school, and of these 3 were admitted during 1923 and 1 in 1924. Of 4 others about to leave special schools at the age of 16, three were notified under the Mental Deficiency Act with a view to institutional care or statutory guardianship. Two cases were not regarded by the Committee as calling for official action.

An arrangement has been entered into with the Voluntary Association for Mental Welfare, for enquiry into the home conditions of children about to be reported to the Committee. Owing to continued financial restrictions, only those cases have been reported to the Committee in which statutory action appears urgently called for ; others are placed on record.

Altogether, up to the end of the year under review, 160 mentally defective children have been reported under the Education Acts, and of these 83 were regarded as suitable for special schools. Up to the present such children have been maintained by the Committee in the Littleton House Institution, Girton, where places are reserved, at the Kingsmead Special School, Hertford, and latterly at the Royal Eastern Counties Institution, Colchester. On account of its size, the latter institution presents certain advantages, including the fact that children in whose cases it is desirable can be retained there after the age of 16 under the provisions of the Mental Deficiency Act, and employed in suitable industries.

It has not yet been found possible to form any special classes for backward and mentally defective children. As in previous reports, attention may again be drawn to the advisability of arranging such a class for the Soham district, where the numbers are such as to render it practicable.

Provision of Meals.—This matter is at present receiving attention, but there is, as yet, no system organised by the Local Authority for the provision of meals in the schools, although in some there are facilities for obtaining a hot drink or for heating or cooking food brought by the children, while in others meals are sold on cookery instruction days. Now that the system of grouped schools is being developed this subject comes to the fore, as the number of children who take their mid-day meal at school will now be considerably increased. This is especially important for children whose physique may be below the average. The establishment of a system of school dinners for long distance children may reasonably be regarded as an essential feature of each central school.

It is always a pleasure to refer in these reports to the excellent system of dinners, unfortunately unique in this County, which has been carried on during the winter months at Bassingbourn Cl. School for some years. Invaluable assistance is given by the Head Master, Mr. Eayres, and Mrs. Eayres, in the daily management of this voluntarily organised

scheme, and generous support is given by Lord Knutsford. The following details are given by Mr. Eayres :—

“ The dinners were provided for 9 weeks, or 42 days, from November 26th, 1923, to February 1st, 1924, 2,085 children staying, an average of 50 per day. The same scale of payment was made as last year, 1 child 1/- per week, 2 children 1/6, 3 children 2/-, and so on ; while 9 children, whose parents were unemployed, were supplied with free dinners. The menu consists of a two-course meal each day, with 2 and sometimes 3 vegetables (grown in the school gardens), meat, vegetables, and pudding 3 days a week, soup and puddings 2 days a week, and the quantity is not limited. The dinners were cooked and served as in previous years. The average cost per child is 2/6, and the average paid was 1/7.”

The total cost of the scheme was £22 10s. ; childrens' payments amounted to £15 1s. 4d., and the deficit was met by the Viscount Knutsford.

Detection and Prevention of Spread of Infectious and Contagious Disease.

The relative prevalence of the commoner infectious diseases of childhood is shown by the number of schools from which notifications by Head Teachers were received, viz., diphtheria 6, scarlet fever 14, measles 32, whooping cough 21, chicken pox 36, mumps 11, and influenza 5.

Under the Regulations of the Education Committee cases of infectious and contagious disease, including suspects, are notified by Head Teachers to the School Medical Officer, and the homes are visited by the School Nurses for purposes of enquiry and report, except as regards diseases notifiable to the Local Sanitary Authorities under the Public Health Acts and Regulations. Including visits for supervision of cases of contagious skin disease, 1413 visits were paid by the School Nurses in 1923, the opportunity being taken for advice as to precautions for prevention of spread of infection.

The School Medical Staff paid 16 special visits to schools for enquiry into infectious and contagious disease, 5 being for diphtheria, 9 for scarlet fever, and 2 for ringworm. For the bacteriological diagnosis of diphtheria 109 swabs were taken, 4 of which showed evidence of infection. Four swabs were taken from cases presenting unusually severe ulcerative inflammation of the mouth and gums, and in each case numerous spirochaetes and bacilli, indistinguishable from those of Vincent's angina, were found. A special note on these cases has been sent to the Ministry of Health.

There has fortunately been a diminished prevalence of diphtheria in the schools during the past three years. It has only been necessary to close 4 schools for this disease during that period, and the swabs taken have not exceeded an annual average of 192 (109 in 1923), against an annual average of 370 during the eight preceding years. As regards measles, of which cases were notified from 32 parishes, in 14 of these the number notified appeared to be limited to the first case. If all of these were genuine the administrative action was more successful than is usually the case with this highly infectious disease.

On receipt of a notification of measles or whooping cough enquiry is at once made from the Head Teachers as to the number of children protected by previous attack, and on this information a decision is arrived at as to whether exclusion of individual children or school closure is called for. Including extensions, the School Medical Officer furnished 48 certificates for the closure of 33 schools, of which 12 were closed for measles, 6 for whooping cough, 4 for scarlet fever, 1 for diphtheria, 9 for influenza or epidemic catarrh, and 1 for measles and whooping cough.

Hygienic Condition of Premises.

During the year reports on the sanitary condition of the following schools were presented by the School Medical Officer :—

Council Schools.—Ashley, heating ; Childerley Gate, playground ; Kingston, heating ; Papworth Everard, drainage and water supply ; Soham Boys', Junior Girls', and Infants', water supply ; Stetchworth Heath, offices and water supply ; Waterbeach Infants', playground surface.

Non-Provided Schools.—Bourn Par., washing arrangements ; Burwell St. Andrew's, washing arrangements ; Burwell Junior Par., washing arrangements and cloakroom accommodation ; Fen Ditton, offices ; Toft, heating ; Soham C. of E. Girls', water supply.

The principal sanitary improvements effected during the year included the substitution of the new public mained supply of water to the four schools at Soham, replacing the old supplies from wells, and the reconstruction of the windows at Willingham Council School, thereby greatly improving the ventilation of this building. When the Newmarket Rural District Council's scheme for the mained public supply of water to the parishes of Brinkley, Burrough Green, Dullingham, and Westley Waterless is completed, opportunity will be afforded for an ample supply on the premises of the schools.

Details of the sanitary conditions in the schools generally were given in my report for 1920, but attention may be given to the following points with advantage :—

Washing Arrangements.—As pointed out frequently in previous reports, washing arrangements in a good many schools are inadequate, and in some practically non-existent. This is clearly unsatisfactory, even if only regarded from the educational point of view, as no great value will be attached by the children to exhortations to cleanliness if the means to that end are not provided. This is especially of importance for long distance children, whose numbers will increase as the grouping system develops. Water cannot, of course, be laid on to the premises when there is no mained supply, but arrangements should be made for the carriage of an adequate amount of water to the school, and a sufficient number of bowls with requisite toilet facilities should in all cases be provided, and the latter renewed regularly.

Offices.—Two points call for special comment. In the first place, the offices are still of the privy pit type in certain of the schools, including several Provided Schools. This is the old unsanitary type which the Local Sanitary Authorities are endeavouring gradually to eradicate,

and what is abolished in the homes should not be allowed to persist in the schools. In addition to this is the fact that where pails are provided they are in some schools not emptied sufficiently frequently, and, like the privy pits, become breeding places for flies, especially in the hot weather. These are elementary sanitary defects which call for remedy.

Ventilation.—Although considerable improvements have been effected in ventilation much still remains to be done. While alterations to the windows have resulted in better ventilation during the winter months, the type of ventilating pane commonly does not permit of a free flush of air in the hot weather, and the class-rooms become very close in consequence. Such a free flush could be obtained by supplementing the low level hopper panes by side-hung casement panes.

In the hot weather open-air classes in the playgrounds are to be encouraged, but are often impracticable owing to lack of shade. It is suggested that this difficulty might be overcome in course of time, at no great expense, by planting a few trees where space permits and the lighting of the school would not be prejudiced. In several schools last summer it was observed that in exceptionally hot weather, owing to lack of through ventilation, the children were physically unfit to benefit by the instruction given. It appears advisable to consider whether a general instruction should not be issued to teachers in advance, authorising them to dismiss the children for the rest of the day when a certain temperature is reached, where suitable facilities for instruction in the playground are not available.

Miscellaneous.

Special Reports on School Children.—In addition to special reports to the School Attendance Sub-Committee regarding physically and mentally defective children and other special matters, 150 children were advised upon from the school attendance point of view at the instance of the Sub-Committee or of the Education Secretary. A considerable volume of correspondence is also carried on with the Head Teachers with reference to the fitness for school attendance of children dealt with in the ordinary course of school medical work, and the Education Secretary is kept informed.

Medical Inspection in Secondary Schools.

This matter, which was reopened in 1922, was further considered during the year. The School Medical Officer presented a scheme for inspection and treatment at the County Schools for Boys and Girls and the Soham Grammar School, involving part-time medical assistance, but it was eventually resolved that such work be carried out only so far as it could be undertaken by the existing medical staff.

The medical work in these schools has therefore been limited, as in previous years, to the medical examination of those boys and girls to whom County Minor Scholarships had been awarded. All proved fit to hold their scholarships; 2 were notified as in need of treatment for defective sight, and 3 for external eye disease. The numbers examined were as follows :—

County School for Boys	...	...	21
Soham Grammar School (Boys)	...	...	7
Perse School (Boys)...	...	...	1
County School for Girls	...	...	17
Perse School (Girls)...	...	...	2
Ely High School for Girls	...	...	4
			—
			52
			—

I have again to thank Dr. Gellatly for the very considerable assistance given by compiling the statistical tables, and for substantial help with regard to the body of the report, in addition to the special notes which she has contributed. Acknowledgment is also due to Mr. Evered for the report and statistics relating to dental work.

FRANK ROBINSON,
School Medical Officer.

County Hall,
Cambridge.

DENTAL INSPECTION AND TREATMENT.

Tenth Annual Report by Mr. J. C. G. Evered, L.D.S. (Edin.),
County School Dentist.

During 1923, children aged 6—14 were dealt with in the larger schools, but in those schools where the numbers on the register are below 60 the whole were dealt with.

The year's work is set out in detail in the statistical tables appended to the School Medical Officer's report, but certain information may usefully be set out here in tabular form.

1. *Schools dealt with :*

A. Schools inspected and treated ...	...	140
B. Schools inspected only ...	...	9
C. Total schools visited (A+B) ...	...	149

2. *Children dealt with :*

A. In schools inspected and treated	...	8613
Required no treatment ...	...	5535
Required treatment ...	...	3078
Received treatment ...	...	2087
Refused treatment ...	...	991
Temporary teeth extracted	...	3740
Permanent teeth extracted	...	275
Fillings ...	...	902
B. In schools inspected only ...	...	553
Required no treatment ...	...	352
Required treatment ...	...	201
C. In total schools visited (A+B)...	...	9166
Required no treatment ...	...	5887
Required treatment ...	...	3279
D. Special cases ...	...	168
Temporary teeth extracted	...	71
Permanent teeth extracted	...	26
Fillings ...	...	23

Of 9,166 children who underwent routine dental inspection, 5,887, or 64·2 per cent. required no treatment, while 3,279, or 35·8 per cent. did require it, being 2·3 per cent. higher than last year. Of those requiring treatment, 67·8 per cent. received it, the parents refusing treatment for the remaining 32·2 per cent., a decrease of 2·5 per cent. on last year's refusals. In 21 schools there were no refusals of treatment, an increase of 2 from last year, and in 42 schools there were fewer than 5 refusals, a decrease of 3 from last year.

The numbers of temporary and permanent teeth extracted were 3,740 and 275 respectively, and 902 fillings were done.

Of the total number of children inspected, 5,648, or 65·5 per cent., were found to have clean mouths, while pus was noted to be present in the mouths of 2,965, or 34·5 per cent.

Children to the number of 168 were treated as special cases, being either over or under the routine age. For these children 71 temporary and 26 permanent teeth were extracted, and 23 were filled.

Including both routine and special cases, the total number who received treatment during the year was 2,255. The numbers of temporary and permanent teeth extracted were respectively 3,811 and 301, while 925 fillings were done, and amongst minor operations 12 scalings and cleaning of teeth were done.

I must again record my thanks to the teaching staff for the very cordial and valuable help they have continued to give me in my work, and also to the members of the nursing staff, who have rendered invaluable assistance in interviewing the parents of children for whom treatment has been refused.

J. C. G. EVERED.

MEDICAL INSPECTION.

TABLE I. Number of Children inspected 1st January, 1923, to 31st December, 1923.

A.—ROUTINE MEDICAL INSPECTION.

Age.	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys ...	67	133	219	81	—	500
Girls ...	67	127	168	70	—	432
Totals ...	134	260	387	151	—	932

Age	Inter- mediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
		12	13	14			
Boys ...	517	463	70	6	155	1211	1711
Girls ...	539	416	54	4	155	1168	1600
Totals ...	1056	879	124	10	310	2379	3311

B.—SPECIAL INSPECTIONS.

		Special Cases.	Re-examinations (<i>i.e.</i> , No. of Children Re-examined).
Boys ...	...	205	2724
Girls ...	...	167	2757
Totals ...	...	372	5481

C.—Total Number of *Individual Children* inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

No. of Individual Children inspected.
3683

TABLE II. Return of defects found in the course of Medical Inspection in 1923.

Defect or Disease.					Routine Inspection		Specials	
					Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
Skin.	Malnutrition	..	..		97	318	24	18
	Uncleanliness :							
	Head	..	..	..	68	181	4	10
	Body	..	..	..	20	81	2	3
	Ringworm :							
	Head	..	..	..	1	—	6	—
	Body	..	..	..	1	—	1	—
	Scabies	..	..	..	—	—	5	—
	Impetigo	..	..	..	14	1	9	—
	Other Diseases (non-Tubercular).	..	..	..	5	23	3	3
Eye.	Blepharitis	..	..		30	26	8	1
	Conjunctivitis	..	..		46	37	15	—
	Keratitis	..	..		—	—	—	—
	Corneal Ulcer	..	..		—	—	—	—
	Corneal Opacities	..	..		—	1	—	—
	Defective Vision	..	..		47	142	23	17
	Squint	..	..		13	21	1	2
	Other conditions	..	..		15	21	3	1
Ear.	Defective Hearing	..	..		2	5	1	2
	Otitis Media	..	..		6	10	2	2
	Other Ear Diseases	..	..		—	4	1	1
Nose and Throat.	Enlarged Tonsils	..	..		6	61	6	1
	Adenoids	..	..		2	6	1	—
	Enlarged Tonsils & Adenoids	..	..		6	5	4	—
	Other conditions	..	..		109	178	12	6
Enlarged Cervical Glands (Non-Tubercular)					2	109	4	6
Defective Speech					—	18	3	1
Teeth.	Dental Diseases	..	..		25	5	5	—

Defect or Disease.					Routine Inspection		Specials	
					Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
Heart and Circulation.	Heart Disease :							
	Organic	..	..		—	I	—	—
	Functional	..	..		I	II	—	2
	Anæmia	..	..		2	35	2	3
Lungs.	Bronchitis.	..	..		I	3	2	I
	Other Non-Tubercular Diseases				—	4	—	I
Tuberculosis.	Pulmonary :							
	Definite	..	..		4	—	—	I
	Suspected	..	..		7	27	—	4
	Non-pulmonary :							
	Glands	..	..		I	5	—	I
	Spine.	..	..		—	2	—	I
	Hip	..	..		—	—	—	2
	Other Bones and Joints	..	..		—	I	—	I
	Skin	..	..		I	—	—	—
	Other Forms	..	..		2	3	I	—
Nervous System.	Epilepsy	..	..		I	3	—	I
	Chorea	..	..		—	—	I	—
	Other Conditions	..	..		I	3I	—	4
Deformities.	Rickets	..	..		—	3	—	—
	Spinal Curvature	..	..		—	—	—	—
	Other Forms	..	..		—	3I	—	—
Other Defects and Diseases					15	236	13	54

Number of Individual Children having Defects
which required Treatment or to be kept under
Observation 2,003

TABLE III. Numerical Return of all Exceptional children in the area in 1923.

				Boys.	Girls.	Total.
Blind (including partially blind). within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools			3	1	4
	Attending Certified Schools for the Blind			1	—	1
	Not at School			—	1	1
Deaf & Dumb (including partially dumb), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools			2	2	4
	Attending Certified Schools for the Deaf.. ..			3	2	5
	Not at School			—	1	1
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools		86	36	122
		Attending Certified Schools for Mentally Defective Children		11	5	16
		Notified to the Local Control Authority by Local Education Authority during the year ..		3	—	3
		Not at School		10	10	20
	Imbeciles.	At School		4	4	8
		Not at School		4	5	9
	Idiots	.. ..		5	2	7
	Epileptics.	Attending Public Elementary Schools		1	1	2
		Attending Certified Schools for Epileptics		—	—	—
		In Institutions other than Certified Schools		—	—	—
		Not at School		2	7	9
Pulmonary Tuberculosis.		Attending Public Elementary Schools		9	10	19
		Attending Certified Schools for Physically Defective Children		10	3	13
		In Institutions other than Certified Schools		—	—	—
		Not at School		10	6	16
Physically Defective.	Crippling due to Tuberculosis.	Attending Public Elementary Schools		6	4	10
		Attending Certified Schools for Physically Defective children		2	—	2
		In Institutions other than Certified Schools		—	—	—
		Not at School		4	2	6

		Boys.	Girls.	Total.
Crippling due to causes other than Tuberculosis <i>i.e.</i> , Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	4	1	5
	Attending Certified Schools for Physically Defective Children	—	—	—
	In institutions other than Certified Schools	—	—	—
	Not at School	—	1	1
Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-Air Schools: children suffering from severe heart disease.	Attending Public Elementary Schools	13	12	25
	Attending Open-Air Schools ..	3	4	7
	Attending Certified Schools for Physically Defective Children	—	—	—
	Not at School	4	5	9
Dull or Backward.	Retarded 2 Years	264	169	433
	Retarded 3 Years	102	49	151

The figures relate to conditions as on December 31st, 1923.

During the year 18 children admitted to Sanatorium in 1922 were discharged; an additional 9 boys and 14 girls were admitted and discharged from Sanatorium during the year.

Open-Air Schools—an additional 5 boys and 5 girls received treatment.

TABLE IV. Treatment of Defects of Children during 1923.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treatment.		
		Under Local Education Authority's Scheme.	Otherwise	Total.
Skin—				
Ringworm—Head ...	17	12	5	17
Ringworm—Body ...	34	—	*39	39
Scabies	8	—	8	8
Impetigo	186	—	186	186
Minor Injuries ...	—	—	—	—
Other Skin Diseases	15	2	9	12
Ear Disease	13	7	5	12
Eye Disease (External and other) ...	229	8	97	105
Miscellaneous	319	216	49	265

*Five of these referred 1922.

B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Number of Children.								
	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for treatment other than by Glasses.	Received Forms of Treatment.	For whom no treatment was considered necessary
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
*147	129	10	—	139	133	132	—	—	4

* Number referred during 1923. The other figures in this table refer to number actually presented for treatment during 1923, some of whom were referred during the last four months of 1922.

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
*219	26	3	29	76

* Mainly breathing exercises. Only 45 were referred for operative treatment of tonsils and adenoids; under "Received treatment other than operative" are included only those children in whom breathing exercises were satisfactorily carried out with distinct benefit.

D.—TREATMENT OF DENTAL DEFECTS.

I. Number of Children dealt with.

	Age Groups.										"Specials." Total.
	5	6	7	8	9	10	11	12	13	14	
(a) Inspected by Dentist ...	149	932	1021	1114	1129	1149	1134	1032	933	169	8930*
(b) Referred for Treatment ...	49	415	428	483	460	393	291	296	278	34	3295
(c) Actually Treated ...	36	288	262	325	310	275	218	205	178	26	2291
(d) Re-treated (result of periodical examination)	4	20	71	153	188	192	168	164	147	17	1124

* Does not include 553 children in schools visited for inspection only, as these would vitiate any conclusions drawn from this table.

2. Particulars of Time given and of Operations undertaken.

No. of Half Days devoted to Inspection.	(1)	No. of Half Days devoted to Treatment.	(2)	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics included in (4) and (6).	No. of other Operations.	
					Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
149	261	11774 †	925	3740	—	925	—	925	—	—	Scalings 12	—

† Includes the whole of the children inspected or treated during the year.

Dental Inspection and Treatment.

TABLE V.
ANALYSIS FOR AGE AND SEX.
SHOWING TABLES FOR SEXES AT DIFFERENT AGES.

Age.	Sex.	Inspected.	Absent from Inspection.	Required no Treatment.	Required Treatment.	Received Treatment.	Refused Treatment.	Temporary Extractions.	Permanent Extractions.	Fillings.	Percentage requiring Treatment at various ages.
5 years	Boys	75	—	53	22	16	6	36	—	—	29.3
	Girls	74	—	47	27	20	7	44	—	—	36.4
	Both	149	—	100	49	36	13	80	—	—	32.8
6 years	Boys	447	29	248	199	146	53	401	1	2	44.5
	Girls	485	19	269	216	142	74	399	3	5	44.5
	Both	932	48	517	415	288	127	800	4	7	44.5
7 years	Boys	522	32	304	218	137	81	363	3	7	41.7
	Girls	499	35	289	210	125	85	337	—	3	42.0
	Both	1021	67	593	428	262	166	700	3	10	41.9
8 years	Boys	550	37	324	226	157	69	348	6	25	41.0
	Girls	564	45	307	257	168	89	393	7	38	45.5
	Both	1114	82	631	483	325	158	741	13	63	43.3
9 years	Boys	564	28	346	218	142	76	316	9	45	38.6
	Girls	565	26	323	242	168	74	389	16	59	42.8
	Both	1129	54	669	460	310	150	705	25	104	40.7
10 years	Boys	591	26	390	201	135	66	208	34	59	34.1
	Girls	558	25	366	192	140	52	214	32	74	34.4
	Both	1149	51	756	393	275	118	422	66	133	34.2
11 years	Boys	589	27	434	155	111	44	132	31	85	26.3
	Girls	545	35	409	136	107	29	91	19	100	24.9
	Both	1134	62	843	291	218	73	223	50	185	25.7
12 years	Boys	496	35	377	119	86	33	61	28	64	23.9
	Girls	536	26	359	177	119	58	42	46	113	33.0
	Both	1032	61	736	296	205	91	103	74	177	28.6
13 years	Boys	505	21	381	124	81	43	26	33	80	24.5
	Girls	428	19	274	154	97	57	17	36	115	35.9
	Both	933	40	655	278	178	100	43	69	195	29.7
14 years	Boys	83	4	68	15	10	5	3	1	11	18.0
	Girls	86	5	67	19	16	3	—	8	17	22.0
	Both	169	9	135	34	26	8	3	9	28	20.1
Totals	Boys	4347	239	2872	1475	1005	470	1858	128	378	33.9
6—14	Girls	4266	235	2663	1603	1082	521	1882	147	524	37.5
	Both	8613	474	5535	3078	2087	991	3740	275	902	35.7
Special Cases	Boys	78	—	44	34	20	14	46	12	9	—
	Girls	90	—	48	42	31	11	25	14	14	—
	Both	168	—	92	76	51	25	71	26	23	—
Grand Total	Boys	4425	239	2916	1509	1025	484	1904	140	387	—
	Girls	4356	235	2711	1645	1113	532	1917	161	538	—
	Both	8781	474	5627	3154	2138	1016	3821	301	925	—